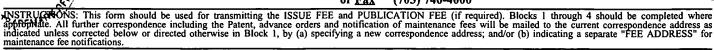
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/618,759	07/18/2000	Howard R. Levin	3659-10	9602	

TITLE OF INVENTION: METHOD AND APPARATUS FOR PERIPHERAL VEIN FLUID REMOVAL IN HEART FAILURE

ICCITE FEE

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Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		names of up agents OR, al firm (having a agent) and the	on the patent front page to 3 registered patent ternatively, (2) the name as a member a registered e names of up to 2 regi gents. If no name is list	attorneys or e of a single d attorney or stered patent	1 NIXON 23	& VANDERHYE	<u>P.</u> C.	

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHF Solutions, Inc.

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Jeffry A.	Nelson,	Reg.	No.	30,481	7/16/2004	
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